

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041917

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 56Primary Registration District No. 4081Registrar's No. 149

STATE FILE NUMBER

FILED DEC 4 1962

1. PLACE OF DEATH

a. COUNTY Carrollb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BosworthLength of stay in lb
30yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Carrollc. CITY OR TOWN BosworthInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
King Anderson Lightfoot4. DATE OF DEATH
Month Day Year
NOV. - 19 - 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5-18-18909. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
6 1 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
labor10b. KIND OF BUSINESS OR INDUSTRY
n11. BIRTHPLACE (City and state or country)
Texas CO.MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Isaac Lightfoot

13b. MOTHER'S MAIDEN NAME

Emma Jane Peck

14. NAME OF HUSBAND OR WIFE

Ida Lightfoot15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
17. INFORMANT Address
Mrs Ida Lightfoot Bosworth MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEPHALIC HEMORRAGEINTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE

DUE TO (b)

SKULL FRACTURE

DUE TO (c)

AUTOMOBILE ACCIDENT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

MULTIPLE FRACTURES. CRUSHED CHEST

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
3 CAR AUTOMOBILE ACCIDENT20c. TIME OF INJURY
Hour Month, Day, Year
4:30 Nov. 19. 6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
ON HIGHWAY RT20f. CITY, TOWN, OR LOCATION COUNTY STATE
IMMEDIATELY CARROLL, MO.21. I attended the deceased from AT CARROLLand last saw her alive on 6 PMDeath occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Edward L. Smith M.D.Carroll County
Minors, George

22b. ADDRESS

1074 1/2 St. Carrollton, Mo.

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION, or other (Specify)

23b. DATE
11-22-196223c. NAME OF CEMETERY OR CREMATORY
Wharton Cemetery23d. LOCATION (City, town, or county) (State)
4 M..S.E. Bosworth MO.

24. FUNERAL DIRECTOR

Leipard-Edwards Bosworth MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-29-1962

26. REGISTRAR'S SIGNATURE

Ann Calvert Hill Moon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/591017020170-345678910110171290-3131-0

DEC 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Bonmouth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.